

FIRE PREVENTION STANDARDS

Subject: **Metro Fuel Truck Insp Checklist** Number: **xxx** Date: **Revised 11/19/01** Page 1 of 1

MOBILE AIRCRAFT REFUELER INSPECTION CHECKLIST

TYPE OF INSPECTION: **PER** TIME SPENT: _____

INSPECTION DATE: _____ / _____ / _____

VENDER/ FBO: _____

MOBILE REFUELER NUMBER: _____

| | <u>SAT</u> | <u>UNS</u> | <u>N/A</u> |
|---|--------------------------|--------------------------|--------------------------|
| 1. Parking space – at least 50 feet from any parked aircraft and/or building other than refueler maintenance facilities, etc., clear path for emergency dispersal, 10-foot minimum distance between vehicles, proper spill containment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. General condition of vehicle – tires, wheels, body, tank or engine leaks, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Condition of grounding and bonding cables, plugs and clips – one truck to plane cable with clip on truck and one cable with clip or plug on each over wing nozzle required. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. All nozzles equipped with dust caps or covers. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Fire Extinguishers: two 20B or higher, one on each side or end. Tag? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Fuel hose: check for blisters, cuts, leaks, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. “NO SMOKING” placard inside cab? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Signs: “NO SMOKING”, “FLAMMABLE”, fuel type, DOT diamonds? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. EMERGENCY FUEL SHUTOFF: Two at opposite ends with sign and instructions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

WITH ENGINE RUNNING

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| 10. Check parking brake function. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Check bottom load brake interlock function. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Check hose cradle brake interlock function. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

WITH PUMP ENGAGED

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| 14. Check deadman control function. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Check emergency fuel shutoff function. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Remarks: _____

Inspector: _____ Date: _____ / _____ / _____
